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Bib Data Sheet

CONFIRMATION NO. 2154

SERIAL NUMBER 10/642,467	FILING DATE 08/14/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 03-065-JB
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APPLICANTS

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** CONTINUING DATA *****
none R.S.

** FOREIGN APPLICATIONS *****
none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/12/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 76	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
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TITLE
 Portable combination bedside co-sleeper

FILING FEE RECEIVED 1479	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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